



Application Data Sheet

Application Information

Application number:: 10/806,611
Filing Date:: 3/22/2004 12:00:00AM
Application Type:: Utility
CD_ROM or CD-R?: None
Sequence submission?: Paper
Computer Readable Form (CRF)?:: Yes
Title:: TREATING IMMUNOLOGICAL DISORDERS USING
AGONISTS OF INTERLEUKIN-21 / INTERLEUKIN-21
RECEPTOR
Attorney Docket Number:: 01997.043200
Request for Early Publication:: No
Request for Non-Publication?: No
Total Drawing Sheets:: 6
Small Entity?: No
Petition included:: No

Applicant Information

Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mary
Family Name:: Collins
City of Residence:: Natick
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of mailing address:: 54 Rathbun Road
City of mailing address:: Natick

State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	01760
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	Elaine
Middle Name::	Y.
Family Name::	Chin
City of Residence::	Concord
State or Province of Residence::	Massachusetts
Country of Residence::	U.S.A.
Street of mailing address::	2 Peabody Court
City of mailing address::	Concord
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	01742
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	Mayra
Family Name::	Senices
City of Residence::	Peabody
State or Province of Residence::	Massachusetts
Country of Residence::	U.S.A
Street of mailing address::	3 Wildwood Drive
City of mailing address::	Peabody
State or Province of mailing address::	Massachusetts
Country of mailing address::	U.S.A.
Postal or Zip Code of mailing address::	01960

Primary Citizenship Country:: U.S.A.
 Status:: Full Capacity
 Given Name:: Deborah
 Middle Name:: A.
 Family Name:: Young
 City of Residence:: Melrose
 State or Province of Residence:: Massachusetts
 Country of Residence:: U.S.A.
 Street of mailing address:: 39 Nelson Road
 City of mailing address:: Melrose
 State or Province of mailing address:: Massachusetts
 Country of mailing address:: U.S.A.
 Postal or Zip Code of mailing address:: 02176

Correspondence Information

Correspondence Customer Number:: 45743

Representative Information

Representative Customer Number::	45743
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/456,920	03/21/2003

Assignee Information

Assignee name:: Wyeth
 Street of mailing address:: 5 Giralda Farms
 City of mailing Address:: Madison

State or Province of mailing address:: New Jersey

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 07940